Child presents with bladder/bowel problem

- Delayed toilet
  - Health visitor / nurse (level one)
  - Toilet training programme as per pathway
  - No progress
  - Children’s Continence Nurse
  - Continence Assessment
  - Continence Management
  - No progress

- Constipation/soiling
  - Red flag signs
  - Health visitor / nurse (level one)
  - Initial treatment as per constipation
  - No progress
  - Nurse level 1 intervention (level one)
  - Management Plan as per pathway
  - No progress in three months
  - Children’s Continence Nurse

- Night-time wetting
  - Nurse level 1 intervention (level one)
  - Assessment
  - Management Plan as per pathway
  - No progress in three months
  - Children’s Continence Nurse

- Daytime wetting
  - Red flag signs
  - Consultant Paediatrician
  - Children’s Continence Nurse
  - Continence assessment
  - Management plan
  - No Progress.

For information on ‘Red Flags’ refer to NICE guidance at https://www.nice.org.uk/guidance/cg99/chapter/1.

Notes:
The children’s continence nurse will refer on to whichever service the child may need, such as paediatrics, psychology, CAMHS, dietician and the regional children’s urology services and gastroenterology. All children should undergo level 1 assessment and management prior to referral to Children’s Continence Nurse (level 2). Assessment and management will follow relevant NICE Guidelines and Quality Standards. All healthcare professionals to be aware of safeguarding issues and follow local policies and procedures.

Resources/Reference:

Children’s Continence Level One and Level Two Pathways 2019 (reviewed and minor amendments 2020)
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Children’s Continence Care Pathway
Toilet training – level 1

For information on ‘Red Flags’ refer to NICE guidance at https://www.nice.org.uk/guidance/cg99/chapter/1-guidance

Initial assessment to exclude underlying bladder/bowel

Problem identified e.g. Constipation

Yes

Commence treatment as per appropriate pathway. Liaise with GP as necessary for medication

No

Child identified with potential for delayed toilet training (e.g. child with additional needs) by health visitor, nurse or other health care professional

Initial assessment to exclude underlying bladder/bowel

Discussion about toilet training to be held with families of all children at 12 month visit or on parent/carer request

Provide family with written information or direct to appropriate

Keep under 2-6 weekly review and adjust programme as necessary

Formal potty/toilet training programme to commence once child happily sits on potty/toilet

No progress/any concerns

Liaise with /refer to OT for toileting equipment if necessary (ideally in child’s 2nd year)

Liaise with /refer to Children’s Continence Nurse

Liaise with relevant healthcare professionals

Provide written information

Consider compliance and safeguarding issues

Resources
(1) Useful resources for families and carers: http://www.bbuk.org.uk/children-young-people/children-resources/
One Step at a Time: CD Available from Bladder and Bowel UK
Child presents with delayed toilet training

Initial assessment

Bladder or bowel problem identified?

Yes

Commence treatment as per appropriate pathway

Review as appropriate to individual need

Continue to support with skill development; reassess as required

No

Red flags

Yes

Refer to paediatrician

No

Commence individualized toilet training programme

Progress

Discuss next steps with family, adjust toileting programme and consider use of daytime wetting alarm if appropriate. Base all interventions on support for skill development, promotion of bladder and bowel health and outcome of latest review.

For information on ‘Red Flags’ refer to NICE guidance at https://www.nice.org.uk/guidance/cg99/chapter/1-guidance

Parallel plans for all children

Provide appropriate explanations and written information

Provide appropriate dietary and fluid advice

Liaise with multidisciplinary team as appropriate to promote consistency between carers

If the child has physical or sensory difficulties consider OT referral for appropriate toilet aids and adaptations

Consider compliance and safeguarding issues

Resources

For families and carers at http://www.bbuk.org.uk/children-young-people/children-resources/

For professionals at http://www.bbuk.org.uk/professionals/professionals-resources/
**Child presents with constipation/soiling**

- **Yes**
  - Immediate referral to Paediatrician

- **No**
  - Red flag signs
    - **Yes**
      - Refer to Children’s Continence Nurse for disimpaction (if necessary) and ongoing management (level 2)
    - **No**
      - Initial assessment by nurse/health visitor (level 1)

**Parallel plans for all children**
- Liaise with relevant healthcare professionals
- Provide written information, diet, fluid and toileting advice
- Consider compliance and safeguarding issues

**Red flags**
- Delay in passage of meconium >48 hours after birth
- Symptoms in first few weeks of life
- Ribbon stools from birth
- Abdominal distension with vomiting

**Children’s Continence Care Pathway**
*Constipation/Soiling – level 1*

**Constipation – Level 1**

- Parallel plans for all children
  - Liaise with relevant healthcare professionals
  - Provide written information, diet, fluid and toileting advice
  - Consider compliance and safeguarding issues

**Red flag signs**
- Delay in passage of meconium >48 hours after birth
- Symptoms in first few weeks of life
- Ribbon stools from birth
- Abdominal distension with vomiting

**Initial assessment by nurse/health visitor (level 1)**

**Immediate referral to Paediatrician**

**Give fluid/diet/lifestyle advice**

**Keep under regular review/liaison with GP**

**References:**
- NICE Guideline Childhood Constipation
  - [https://www.nice.org.uk/guidance/cg99](https://www.nice.org.uk/guidance/cg99)
- NICE Quality Standard Childhood Constipation
  - [https://www.nice.org.uk/guidance/qs62](https://www.nice.org.uk/guidance/qs62)
Child presents with constipation/soiling

Initial assessment by continence nurse

Provide appropriate explanations and information to child and family

Faecal impaction present

Yes

Disimpact as per NICE

No

Red flag signs

Immediate referral to Paediatrician

Review in within one week, disimpaction

Yes

Commence maintenance laxatives as per NICE and review as required (2-12 weekly)

No

Constipation persists – liaise with paediatrician and consider suppositories/micro enemas if acceptable and tolerated

Progress made?

Yes

Continue treatment for several weeks after bowel habit/toilet training established, then reduce as tolerated

No

Constipation persists – liaise with paediatrician and consider rectal irrigation

No

Review medication, check adherence. Consider coeliac disease/cow’s milk allergy. Liaise with dietician/GP/Paediatrician as necessary

Yes

Parallel plans for all children

Reinforce explanations as required and provide suitable resources to support

Consider toileting regimes

Give diet and fluid advice

Liaise with school and relevant healthcare professionals

Consider safeguarding

For information on ‘Red Flags’ refer to NICE guidance at https://www.nice.org.uk/guidance/cg99/chapter/1-guidance

References:
NICE Guideline Childhood Constipation
https://www.nice.org.uk/guidance/cg99
Nice Quality Standard Childhood Constipation
https://www.nice.org.uk/guidance/qs62
Child identified with enuresis (Bedwetting)

- **Child under 5 years**
  - Initial assessment to exclude underlying constipation and any delay/problems with daytime bladder control
  - Explanations to parents or carers. Give fluid/toileting/lifestyle advice
  - If child has been dry in day for > 6 months suggest trial removal of night time nappy/pull up if worn
  - Bedwetting persists at age 5
    - Refer to Nurse (level 1)

- **Child over 5 years**
  - Initial assessment to exclude underlying constipation and any delay/problems with daytime bladder control
  - Give fluid/toileting/lifestyle advice. Discuss rewards for achievable behaviour
  - No progress after 6 weeks
    - No progress after 6 weeks
      - Nurse (level 1)
        - Refer / liaise with GP / Children’s Continence service if there are any concerns
        - Give fluid/toileting/lifestyle advice. Discuss rewards for achievable behaviour
        - No progress after 6 weeks
          - Child identified with enuresis (Bedwetting)

**Red Flags**
- Reported weight loss or excessive thirst – refer to GP for urinalysis and blood sugar
- Concern about parental intolerance or safeguarding issues – refer to local safeguarding policy

**Parallel plans for all children**
- Liaise with relevant healthcare professionals
- Provide written information
- Consider compliance and safeguarding issues

**Explanations to parents or carers. Give fluid/toileting/lifestyle advice**

**Initial assessment to exclude underlying constipation and any delay/problems with daytime bladder control**

**Give fluid/toileting/lifestyle advice. Discuss rewards for achievable behaviour**

**Consider medical intervention e.g. desmopressin or alarm, or discussion with /referral to continence service (level 2)**

**References:**
- NICE Guideline Bedwetting in children and young people
  - [https://www.nice.org.uk/guidance/cg111](https://www.nice.org.uk/guidance/cg111)
- NICE Quality Standard Bedwetting in children and young people
  - [https://www.nice.org.uk/guidance/qs70](https://www.nice.org.uk/guidance/qs70)
Child presents with enuresis (bedwetting)

- Bladder and bowel assessment including bladder diary and bowel
- Explanations to child and family. Give fluid/toileting/lifestyle advice

Assessment indicates monosymptomatic enuresis

- Small bladder capacity/over active bladder/daytime wetting
  - Offer alarm or desmopressin as first line treatment based on outcome of assessment and parental/child choice. Review in 2-4 weeks
  - Progress?
    - Yes
      - Continue with regular
      - Continue reviews until dry
    - No
      - Nocturnal polyuria – offer desmopressin

- Review assessment, check adherence, consider combination treatment
  - Progress?
    - Yes
      - Continue with regular
    - No
      - If no progress liaise with paediatrician

- Review every 4-6 weeks and adjust treatment as appropriate

References:
- NICE Guideline Bedwetting in children and young people
  - https://www.nice.org.uk/guidance/cg111
- NICE Quality Standard Bedwetting in children and young people
  - https://www.nice.org.uk/guidance/qs70

Parallel plans for all children
- Liaise with relevant healthcare professionals
- Provide written information
- Consider compliance and safeguarding issues
Parallel plans for all children
- Liaise with relevant healthcare professionals
- Provide written information
- Consider compliance and safeguarding issues

Red flags
- History of repeated UTIs
- Child (particularly girls) reported to always be wet during the day (continuous incontinence)
- Any reported straining to void or weak stream

Children's Continence Care Pathway
Daytime wetting – level 1

Child previously dry identified with daytime wetting problem

Nurse (level one) / health visitor

Initial assessment

Bladder storage problem e.g. over active bladder (OAB)

Give toileting and drinking advice

Keep under regular review (2-4 weekly)

Daytime wetting persists

No

Red flag signs

Consultant Paediatrician

Yes

Bladder emptying problem e.g. dysfunctional voiding history of UTI's

Parallel plans for all children

Notes:
- Provide written information and signpost to appropriate resources e.g. www.bbuk.org.uk
Child presents with daytime wetting

Assessment, including bladder diary and bowels (refer to constipation pathway if indications of constipation)

No

Red flag signs

Yes

Refer to Paediatrician

Consider possible diagnosis. Provide explanations and information to child and family

Overactive bladder (OAB)
Initiate bladder training
Do post void bladder scan
Complete bladder

Yes

Anticholinergics as per BNfC if acceptable and tolerated
Review 4 weekly with bladder diary and adjust medication according to

No

Liaise with/refer to paediatrician

Urethrovaginal reflux
Specific toileting advice

Dysfunctional voiding
Do post void bladder scan – complete bladder

Yes

Bladder & pelvic floor awareness training; relaxed voiding; double voiding

No

Underactive bladder


Red flags
History of repeated UTIs
Child (particularly girls) reported to always be wet during the day (continuous incontinence)
Any reported straining to void or weak stream

Parallel plans for all children
Exclude constipation
Provide lifestyle and bladder training advice
Provide written information
Liaison with school and relevant healthcare professionals
Consider compliance and safeguarding issues

Day time wetting

Repeat bladder diary and post void bladder scan; review history; consider compliance

Amend diagnosis and treatment or liaise with/refer to paediatrician

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Children’s Continence Care Pathway
Day Time Wetting – level 2
Children with additional needs or medical condition and delayed toilet training

Initial assessment

Toilet training pathway completed?

No

Red flag

Parallel plans for all children

Provide appropriate explanations and written information

Provide appropriate dietary and fluid advice

Liaise with multidisciplinary team as appropriate

If products provided ensure family know how to use, how to reorder and how to arrange reassessment

Consider compliance and safeguarding issues

Child assessed as unable to be fully continent or will have significant delay in toilet training

No

Using Product Scoring tool assess for product suitability and

Yes

Referral to paediatrician

Commence on toilet training pathway, unless inappropriate e.g. neuropathic bladder/

Yes

Try different sample

Sample satisfactory?

No

Yes

Arrange delivery and for review at least annually to assess ability to toilet train, bladder and bowel health, product fit and effectiveness

Try samples from formulary for fit and containment

For information on ‘Red Flags’ refer to NICE guidance at https://www.nice.org.uk/guidance/cg99/chapter/1-guidance

Children's Continence Care Pathway

Product provision – level 2

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